That a classification of deaths on a basis other than that of color may show differences in mortality rates fully as great as those produced by a white and colored classification is well known. An interesting illustration of this is one presented by Dr. Guilfoy (Medical Record of Jan. 25, 1908):

In New York City (the old city) for the year 1906 the death rate among that part of the population of Irish nativity was 29.26 per 1,000, and among the population of Swedish nativity 11.21 per 1,000, while the death rate of native-born Americans was 18.49. Classified according to the nativity of the parents of the decedents, the death rate among persons whose parents were born in Italy was 36.43 per 1,000; of those whose parents were born in Austria-Hungary, 23.4 per 1,000; and of those whose parents were born in Sweden, 10.97 per 1,000; while of those whose parents were born in the United States the rate was 13.98 per 1,000. The death rate of the colored population throughout the whole city (greater New York) was 27.16. These figures indicate that, in so far as crude death rates are concerned, other groups of the population may have, and in New York City did have, higher rates than the colored population.

Conclusion.

In conclusion, it is believed that the comparison of mortality rates previously discussed shows (1) that the colored death rates of most communities of the United States are not discouragingly high; (2) that they are undoubtedly lower than they have been in the past; (3) that they are as low as many white population groups possessed 20 or 30 years ago, and are in fact as low as some white populations possess at the present time; and (4) that with the economic and industrial progress of the colored population its death rate will gradually approach nearer to that of the white population.

PUBLICITY OF FORMULAS OF PACKAGE MEDICINES.

A DISCUSSION OF RECENT LEGISLATION AND THE NATURE OF IMPENDING REQUIREMENTS.

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For nearly 10 years manufacturers of package medicines have been required to state on the label of all preparations sold as drugs the quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, or acetanilide, or any derivative or preparation of any such substances contained therein.

That this requirement has been of advantage to the public is evidenced best by the fact that the amount of alcohol in nearly all proprietary medicines has been reduced to the minimum required either as a solvent or a preservative. It is also a fact that the above labeling requirement has served to materially reduce the number of preparations on the market that contain opium or its derivatives, and even the number and the use of headache remedies containing acetanilide have decreased rather than increased.

In several State laws the list of drugs to be announced on the label has been somewhat elaborated, and the revised food and drug law enacted in North Dakota during the past year includes, in addition to the drugs enumerated in the Federal law, a number of emmenagogue drugs, like croton oil, cotton root, ergot, oil of tansy, and oil of savin.

In pharmaceutical and medical circles generally considerable interest has been aroused during the past year by the proposed requiring of additional publicity in connection with the so-called household remedies. Many persons believe that individuals desirous of medicating themselves should know the kind and the quantity of any active drug that they are consuming and should have some knowledge as to the possible untoward actions of these drugs, so as to be in position to safeguard themselves against secondary harmful influences.

The board of health of Louisiana and the board of health of the city of New York have recently adopted regulations requiring registration with the board of the constituents of all medicines sold in the political divisions over which the authority of the board extends. These regulations have been liberally discussed, but at the present writing it appears that, despite the evident opposition, the regulations promulgated by the board of health of the city of New York will receive the indorsement of a sufficient number of manufacturers and dealers to make them operative. A much more efficient and rather more equitable form of publicity is required in Nebraska, Oregon, and South Dakota in connection with stock remedies. These laws require that each lot of stock remedy have affixed thereto a label giving the specific name of each therapeutically active ingredient used in its manufacture. Ohio and South Dakota also require similar publicity in connection with stock foods, and a number of States require full and complete publicity in connection with insecticides and fungicides. A recently enacted law in Minnesota requires a rather technical statement on the label regarding the composition, based on chemical analysis, of fertilizers, and a lately enacted law in Pennsylvania requires that the ingredients of paints be announced on the label.

A rather interesting proviso of the so-called stock-remedy laws is the general inclusion of the paragraph that the term live-stock

remedies shall not be held to include proprietary medicines designed primarily for man but used occasionally for live stock or poultry.

The frequently advanced argument that the publication of the name and the quantity of the therapeutically active constituents of a proprietary medicine would do no good to the buyer because he could not understand their import would appear to be based on an assumption that is fallacious. Some purchasers at least would understand, and all could, if they wished to do so, secure information and advice regarding the possible uses, limitations, and harmful influences of the drugs included in a ready-made medicine. It can scarcely be contended that a farmer can judge of the applicability of a medicine when given to an animal and that the same farmer is quite unable to secure a fair estimate as to the probable usefulness of the same active ingredients when administered to a human being.

A true announcement on the label of the therapeutically active ingredients in a package medicine would tend to safeguard the customer in the way of protecting him against the possible untoward action of any ingredient, would permit of a correct diagnosis in case of poisoning by any one of the ingredients, and would also tend to discourage any too frequent change in the composition of any particular medicine. That the question of untoward action of any given ingredient should not be lost sight of is evidenced by the fact that cases of special susceptibility to drug action are not rare. Properly forewarned, a patient cognizant of his own special susceptibility to any given drug can readily avoid at times serious inconveniences.

A recent decision of the Supreme Court of the United States upholds the validity of the Sherley amendment, passed August, 1912. This decision foreshadows an even more active enforcement of the provisions of the amendment referred to, which defines a drug as being misbranded: "If its package or label shall bear or contain any statement, design, or device regarding the curative or therapeutic effect of such article or any of the ingredients or substances contained therein which is false and fraudulent."

A requirement similar to that embodied in the Sherley amendment to the Federal food and drugs law has been included in an additional number of State laws, notably of New Hampshire and New Jersey. A law in the latter State also elaborates on the misbranding clause in that it includes acetphenetidine, phenacetin, antipyrine, or any derivative or preparation of them.

At the thirteenth annual conference of State and territorial health officers with the United States Public Health Service, held in Washington, May 13, 1915, a resolution was adopted commending various organizations and a considerable part of the public press in their present-day efforts to abate the so-called patent medicine abuse, which is designated as a truly national evil.